



## Request for an MFA Student Identification Number



Training offered by the Massachusetts Firefighting Academy is open only to members of the Massachusetts Fire Service or full-time Staff of the Department of Fire Services.

Please complete the information below. **Fields in red are required.** Completed forms can either be faxed to (978) 567-3229 or emailed to [mfa.registration@state.ma.us](mailto:mfa.registration@state.ma.us).

You will receive an email confirmation of this request with your MFA Student Identification Number within the next four (4) days.

**First Name:**

**Middle Initial:**

**Last Name:**

**Mailing Address:**

**City / Town:**

**State:**

**Zip Code:**

**Home / Primary Phone:**

**Email Address:**

**Driver's License Number:**

**EMT #:**

**Job Title / Rank:**

**Organization:**

**Work / Daytime Phone:**

☐ **I CERTIFY THAT I AM DULY APPOINTED MEMBER OF THE ABOVE ORGANIZATION AND THAT I AM AT LEAST 18 YEARS OF AGE.**